The law requires that the death certificate be executed within 24 hours after and completely filled in by the capen, papers. Pages 1 and 2 within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the bean variance death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even

		M STATISTICAL R		CH AND RECO	ORDS,			<b>'H</b> BALTIMOR	RE 1, MA	ARYL	AND	
	03058			CERTIFIC	ATE	OF DEATH				03	1145	
	PLACE OF DEATH					2. USUAL RESIDEN	CE (Whare				a before a	admission)
		ester		MARY	LAND	*. STATE Mary]			rcest			
		outside corporate fimits give nearest town)	i.	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	If outside cor	porete limits, write	RURAL an	d give n	earast tow	rn)
Ocean City 8 Yrs.						n City			2:	-/		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS	7.1					A FARM?	
	Pine St.,					Pine					YES	NO X
3. NAME OF First Middle DECEASED					Last	4. DATE	Monti	h	Day	Year	r	
	(Typa or print)	JAMES		MARION		BEDSWORTH	DEAT	н 2		28	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D D B	B. DATE OF BIRTH	1	9. AGE (In years last birthday)			IF UNDER	
	Male	White	WIDOWE			Dec. 5,1899		66 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work rking lite, eyen if petired	10b. KI	IND OF BUSINESS OR	NDUSTR	RY 11. BIRTHPLACE (Cou	nty & State, o	r foreign country)	12. CI	TIZEN OF	WHAT C	OUNTRY?
40	Retired	Rentails	Re	eal Estate		Marylar	nd		I	J.S.	1.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Wadk Be	dsworth				Ida Day	vis					
		R IN U.S. ARMED FORCE		SOCIAL SECURITY N		rs. J.M. Bed	sworth	, Same				
	18. CAUSE OF D	EATH (Enter only one	cause par li	ina for (a), (b), and (	c).]	0.	4	1			SET AND	
		MAS CAUSED BY	Cl	ente	- >	nyuca	edi	tis		UN	ILL MIND	NAME OF THE OWNER,
	2600	DUE TO	-	0	+	1						
	Conditions, if any,	,	9.	cate	led							
	gave rise to immedia	ata causa	,	)	,		gara					
	(a), stating the un	idariying	14	4 120	it	enrica	-					
z		SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMI	INAL DISEAS	CONDITION GIV	EN IN PAR	T 1(a)   19	. WAS A	AUTOPSY
CERTIFICATION	11111											NO A
		AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter natura of injury )	in Part I or Pe	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m.	RY Month, Day, Year	While			ACE OF INJURY (Home, ferr tory, street, office bldg., etc		lty or town)	[Co	unty)		(State)
		nat (I) (this hospite		-		2-25-6 death occurred at	1. 11.	m the causes	and on			(we) last
	sow life decass	od diivo Oil			Indi	dealli occurred or k						DATE

MEDICAL CERTIFICATION 3-1-1966 SIGNED MED. DIRECTOR STAFF PHYS.

ATTENDING PHYS. X M.D. 22c. PHYSICIAN'S NAME (Type) D lifford E. Schott

22d. ADDRESS
314 N. Main St., Berlin, Maryland

23a. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town or county)
Burial	3-3-1966	Wicomico Memori	al Park	Salisbury, Maryland

3-3-1966 Wicomico Memorial Park Burial 24 FUNERAL DIRECTOR'S SIGNATURE Hill Funeral Home Salisbury, Maryland 25a.

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (Stete)

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TOTAL STATE 177-16 490 Settle Control 4 6 2 ASSESSED BUT BELLE Military of the fact of the Carlo and the Ca The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places semove carbon papers. Pages 1 and 2 director, page 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the prior within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	M OF STATISTIC	CAL KEST	ARCH AND R	ECURUS	, 301 W. PRESTU	N SIREEI,	RALLIMOR	(E 7, MARY	LAND	
	0305	9		CERTI	FICATI	E OF DEATH	1		1131	146	
-	1. PLACE OF DEATH				1	2. USUAL RESIDEN	CE (Where decease	sed lived, 11 Insti	itution: Residen	ce before a	dmission)
	a. COUNTY	orcester			Dell Hall	a. STATE	han free	b. COUNT			
	b. CITY OR TOW	N (if outside corpora	te limits	I c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (I	ryland	ata limits writ	WOTC		
		N (If outside corpora and give nearest tow	(n)	<b>50</b>					_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Rural-Sn			50 yea	rs		ral-Sn	ow Hill	23	-1	
	d. NAME OF HOS	PITAL OR INSTITUTIO	ON (If not in I	hospital, give stree	et address)	d. STREET ADDRESS				9. IS RES	FARM?
1	R.F.D. 1					R.	F.D. 1			YES T	NO
	3. NAME OF	FI	rst	Middle		Last	4. DATE	Month	Da		аг
	DECEASED (Type or print)	GEORGE	. 3	CHOMAS	RON	NEVILLE	OF DEATH	Februar	ntr T	2 19	66
	5. SEX	6. COLOR OR RACE		NEVER MARI		B. DATE OF BIRTH	10 4	CE /In voore II	E CAIDED 1 VERS		
	Male	White	WIDOWED			11ma 74 70	1 1	ast birthday)	Months   Days	Hours	
		ION (Give kind of work				une 16,18	90 17	5 yrs.	12. CITIZEN	i or lanas	
	during most of worki	ng life, even if retire	d) (	INDUSTRY	OK	Accomack Virginia	Count	V.	COUNTR	Y?	,
	Farmer		1 1	arming		Virginia		,	U.S	.A.	
	13. FATHER'S NAMI	Ε				14. MOTHER'S MAII	DEN NAME				
	William	Bonnevil]	Le			Mary	Simpson	n			
	15. WAS DECEASED E	VER IN U.S. ARMED FO	RCES?   16	. SOCIAL SECURITY	NO.   17.	INFORMANT		Address	Snow	Hill	7
	No	an me	27	5-38-22	18 GP	orge T. B	onnevi	lle. Ji		rvla	-
	I 18. CAUSE OF D	EATH [Enter only on				0180 10 1	A.	0		ERVAL BE	
	1 1	ATH WAS CAUSED BY	2	(-), (-),	( 3/0 K)	O in omale	-1	(AIMI	ON ON	SET AND	DEATH
	11.23	IMMEDIATE CAUSE	(a)		Cuu	CALO 1000	7	-unic		24	ZA_
	7 6 6 7	DUE	TO				U	/		V	
	Conditions, If a		(b)								
	cause (a), st		TO								
	underlying cause		(c)								
	PART II. OTHER S  20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	IGNIFICANTCONDITIO	ONSCONTRIB	UTING TO DEATH BE	JTNOT RELA	TED TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN P	ART 1(a)   19.	WAS AL	
~	ICA								Y	ES 🗍	NO 🗸
4	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	f Injury in Part	I or Part II of	Item 18.)		
	(IF EITHER, NOT	WAS UNDERLYING D NG D CAUSE OF DEA IFY MEDICAL EXAMI	NER)								
		NJURY Month, Day,		INJURY OCCURRED	120e. PLA	CE OF INJURY (Home, fa	arm.   20f. (Cl	ty or town)	(County)	- (	State)
	20c. TIME OF I		White	Not_While	facto	ry, street, office bldg., e	etc.)	,,	,,	,	
	2 p.m	n. 19	at wo	at work		-	1 27 /	1	3-11		
	21. I certify	y that (I) (this hosp	pital) attenu	ded the deceases	from	fan, 1	967 to	Jan 31	,	that (I) (	
		eased alive on	1 XU	19 6	7 and that	death occurred at_	M, from	the causes a			above.
	22a. SIGNATUR	E COLO	X	1		ATTENDING	MED.	STAFF	22b. DATE \$	IGNED	
,		454		1 /	M.D	. PHYS.	DIRECTOR .	PHYS.	1 11		
1	22c. PHYSICIAI		1 in	Dar	1	22d. ADDRESS	1		11/	11/	11
	Trans (1)	A WA	(1)	CH			8110	100 /	11/1	1.0	U.
	23a. BURIAL, CREMA	ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	ORGREMATERX	23d. LOCA	TION (City, tow	in or county	(S	tate)
	23a. BURIAL, CREM. REMOVAL (Spe Burial	2-14-	1966	Parks	lev C	emeterv	Par	ksley.	Vir	gini	a
	24 FUNERAL DIREC		1	ADDRESS		25ā. RE	C'D BY REGISTI			NATURE	10-6
	Karker 8	CH 117 8	Care Po	ocomoka	C1+w	Ma SECO	17 100	o och	aula O	Ast.	

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-UEU ALES WENT STEEL 20 1.5 - A-1-59 1500 CTS1 Chele To serve 1, communication of the Communicatio office the contract of the contract and additional The state of the s

- 1	Item 18&21 Film G374 MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATO	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  03000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	RYLAND
FOR STATE	1 am 9 1 1 1 1 ( 3 / 4 3 / 1 / 6 b) mb	10011
NCALIN DEFT.	1. PLACE OF DEATH e. CDUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: R b. COUNTY	isidence perore admission)
25 0 ± 1	(1) OPCESTER MARYLAND   VIC	and this parent town
the funeral 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give gearest town)	BILL RIVE HOSTEST COMMY
the further fu	RURAT - SISHOP DIGORS CURAT - DISHOP	e. IS RESIDENCE
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	ON A FARM?
Falle De State De State De State De State De	17 1313107 114	Oey Year
any deli 2, and PM3.	DEGEASED OF TOLO	27, 1966
8078 F 208	5 SEX   6 CDM GR DR RACE   7 MANDER OF BRITH   8 AGE (In years   IFUNDER	
L Sees L	WIDOWED OLYDROED OCH 131906 DILLO VIS.	Oays Hours Min.
Page th th th and 2	1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHILACE (State or foreign country)   12. 01	TIZEN DE WHAT
Sive Pagine Pagi	during most of working life, even if retired) RETAIL STORP () EIMAR, DELAWTRE &	UNTRY?
ours after 18. Ges along pages 1 in any	13. FATHER'S NAME	
m Je a	William G. Workman Carnie Unk	wwn)
24 ho 1 Item Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT . Address (Yes, no, pr unkown) (If yes give war or dates of service)	ute !
hin sr's mit.	NO 1 221-18-6383 HERMAN JAVIS, NUSDAND, BISh	op Md.
EXAMINER: This certificate should be executed within 24 hours after death. If e certificate, writing the word "pending" in pencil in item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form lies.  OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ecuted ng" in al Exa ransit on, or	IMMEDIATE CAUSE (a)	-
"de execular" pending" f Medical E	Conditions if any which i Pulmonary edema	unknown
be e pend fedi urial	gave rise to immediate (b)	
d "d d d d d d d d d d d d d d d d d d	cause (a), stating the DUE TO A S C V D	5 years
sho wor Chi as	(V)	19. WAS AUTDPSY PERFORMED?
ficate sho the worn the Chi the Chi used as to burial	Epilepsy  2Ds. External cause was PRIMARY Or CONTRIBUTING CONTRIBUTION	YES NO
certification of the state of t	2Ds. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.   2Db. OESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18	)
writing condition of the property of the prope		
R. This forward forward 3 should agent, p	factory street office hidg. etc.)	inty) (State)
fical fical se 3		
At Examine the certification of the certification o	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection [], Inquiry [],	and in my opinior
NEDICAL EXA cute the co age 4 shoul r your files. DIRECTOR:	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	CICALETINE M.O. INSTITUTE	27,66
ase exector. ained funeralth	EXAMINER'S F. J. TOWNSEN & JR Ocean address (street, city, town, or county)	
	23a. BURIAL CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETERY   23d. LOCATION (City, town or co	unty) (State)
Page 6	Buyen 3/1/66 from Church yord Bishapuelle	FREE.
PA		'S SIGNATURE
VR A15ME	Telle It haley Sulperelle, Del. 1044 R 3 1966 Julante	Jan Jan

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03061 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
Worcester	a. STATE Maryland b. COUNTY WOI	rcester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pocomoke City  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Pocomoke City 5 years	Pocomoke City 2	2-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1013 Clarke Avenue	1013 Clarke Avenue	YES NO X
3. NAME OF First Middle DECEASEO	Last 4. DATE Month	Oay Year
	GODWIN DEATH February	21 19 66
7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER:	Days Hours   Min.
	Jan. 31,1888 78 yrs.	Days Hours India.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl Accomack County, Virginia	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ackbud Riggin	Betty Bevans	
	INFORMANT Address	
	s Annie Marshall, Pocomok	e City, Md.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular As	systole	ONSET AND DEATH
4 200 DUE TO	7,500,20	
Conditions, if any, which \ (b) Heart Block		Years
gave rise to immediate (		
underlying cause last. (c) Arteriosclerot	tic Heart Disease	Years
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
E S		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRI	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	400.44
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19   While at work at work   at work	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended, the deceased from		, that (I) (we) last
	t death occurred at $6458$ M, from the causes and on th	
Lawrence Lander M. Mader M. B.	ATTENDING MED STATE	22,1966.
22c. PHYSICIAN'S	22d. ADDRESS	22,1300.
NAME (Type) Charles W. Trader, M.D.	Pocomoke City, Md,	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		nty) (State)
Burral (Soccify) 2-23-1966 Downing Co	0.1 55 55	/irginia_
R4. SUNERAL DIRECTOR, AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Toper N. Wassen Pocomoke Cit	y. Md JEB 25 1956 Acharle	Judgle
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0-0-

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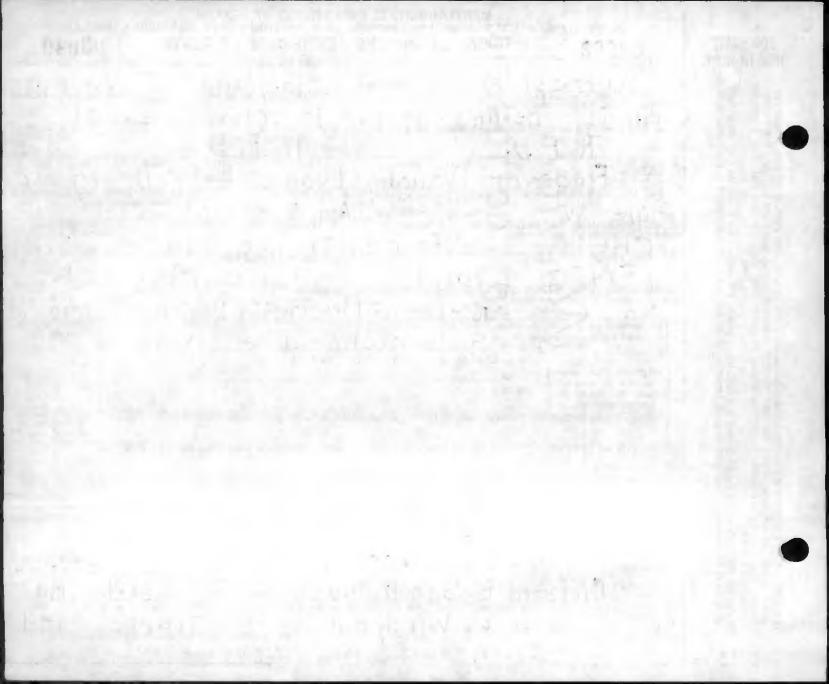
R more reduce the and the second second second Alministra ( ) Almini 

## FOR STATE HEALTH DEPT. permit. File-pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER. This mertificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	03062 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH (13049)
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	Worcester MARYLAND	Maryland b. COUNTY Warcester
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN of butside corporate limits, write RURAL and give nearest town)
١	Pural Berlin 2 years	Berlin Kural23-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
X	K, F, D.	YES NO
Ì	3. NAME OF DECEASED First Middle	Last 4. BATE Month Day Year
	(Type or print / EGETICK VQUCIN)	LYONS DEATH FED. 17, 1966
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR IPUNDER 24 HRS.
	Vale WIDOWED DIVORCED	4pr. 8, 1902 63 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Chet Restaurant	Trappe Ma U.S.A
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frii Z Lyons	INFORMANT Address
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Bablin Md
	No 162-18-1715 F	115. 15et 1 y Daylon 15er 11n, 1a
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	noid Hemoryhage att onset and DEATH
	IMMEDIATE CAUSE (8)	rain
	Conditions if any which i	1417)
	gave rise to immediate (	
	cause (a), stating the underlying cause last. (c)	
		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	CATI	YES NO
í	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CAUSE OF DEATH.	
	facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
	Hour a.m.  p.m.  19 While Not While at work	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21. I certify that I took charge of the remains described above, he	ld an Autopsy X, inspection , Inquiry , and in my opinion
	death resulted from: Natural causes 🔀, Accident 🔲, Sui	icide, Homicide, Undetermined manner
	00'DD 150 D-H	CHIEF MEDICAL EXAMINER
	SIGNATURE CENTRAL CONTROL CONT	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
1	EXAMINER'S CLIPS & Schott M	D. Address (Street, city, town, or county) Berlin Md
	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
	REMOVAL (Specify)	ill Cemetery Trappe Md.
	24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Home H. Burbres Burling Y	nd part B 23 1966 Ochanles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please many carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after digits. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3303
CERTIFICATE OF DEATH

4	PLACE OF DEAT     S. COUNTY	Н			-			Where decea	sed lived, If Ins		esidence b	efore admission)
		forcester		4485	VI AND	a. STAT	Mart	/land	b. COUN	TY WO	rce	ster
1			te limits.	c. LENGTH OF STA	Y IN 1b	c. CITY OR			rate limits, wri			
	Pocomoke	N (if outside corpora and give nearest tow City	n)	minute								1
	d. NAME OF HO	SPITAL OR INSTITUTE	N (If not in h			Rural		ршоке	CITY			S RESIDENCE
	1 0	,										ON A FARM?
1	3. NAME OF						R.F.I				-	S NO X
	DECEASED		rst	Middle	9.4	Last	4	OF	Month		Day	Year
	(Type or print) 5. SEX	JAMES 6. COLOR OR RACE		GROVER		ADDOX	10.711		Februa		22_	19 66
				NEVER MARRIE		. DATE OF E	-		AGE (In years last birthday)	Months		Hours   Min.
	Male	White	. MIDOMED		D D	arch !	20,188	36	79 vrs.			
	108. USUAL OCCUPAT during most of work	TION (Give kind of work ing life, even if retire	done 10b.K d)   l	IND OF BUSINESS OF NOUSTRY	R	WORCE	LACE (Count	State, or	toreign country	12. 01	TIZEN OF UNTRY?	TAHW
	Farmer	Farmer Farming						Journ	039	U	.S. /	A.
	13. FATHER'S NAM		Mary 14. Mothe	R'S MAIDEN	NAME							
	Sylvest	er Maddon	2				unk	nown				
	15. WAS DECEASED	EVER INU.S. ARMED FO	RCFS?   16.	SOCIAL SECURITY N	0. 17.	INFORMANT	VA4 6 6 8.		Addres	S		
	NO NO UNKOWA)	(If yes give war or dates o		8-05-851	1 MH	ce Hal	en Ma	440	Poco	molee	C1+	tr Ma
-		DEATH [Enter only on				99 IIC"	-err Inc	id d O A	FUCU	wore.		Y Md
		EATH WAS CAUSED BY		onary Oc	, -	don					ONSET	and Death
		IMMEDIATE CAUSE	(a) (O)	onary oc	CIUS	TOIL					IALT	nutes
	Conditions 16	DUL	Art	erioscle	roti	c Hee	rt Di	90000			Va	ars
	Cenditions, if	Immediate /	(D)	OTTOBOTE	1001	o mea.	ידעייי	Jease			100	<u> </u>
	cause (a), s	tating the DUE	TO									
	underlying caus		(c)	ITANA TO BELLIA							1.0	us-TillTopois
	S PAKT II. DIHEKS	SIGNIFICANTCONDITIO	W2 COM 1K IBI	TING TO DEATH BUT	NOTRELA	IED TO THE TE	RMINAL DISE	ASE CONDI	TION GIVEN IN I	PARTI(a)		VAS AUTOPSY ERFORMED?
)	00										YES	NO 🗌
	PART II. OTHER S  2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEA TIFY MEDICAL EXAMI	TH 2Db.	DESCRIBE HOW INJU	IRY OCCU	RRED. (Enter	nature of In	ury in Part	I or Part II of	item 18.)		
	3 20c. TIME OF	INJURY Month, Day,			2De. PLAC	E OF INJURY	(Home, farm,	2Df. (C	ity or town)	(Cour	nty)	(State)
	20c. TIME OF Hour a.r		While at work	Not While	iactor	) succionic	e ning" i acc")					
		y that (!) (this hos			from 1	$\frac{/23}{5}$	4 10	to	2/22/6	610	that	(i) (we) last
		ceased glive on			T P ! I L	<del></del>						
	22a. SIGNATU				DILD MIGE	ocath occur	rea action	an, 11011	i tile dedaca (	22b. DA		
		( Massi	111	halles	W.D.	ATTENDIN PHYS.	MED DIR	ECTOR [	STAFF PHYS.	9/9	3/6	6
	22c. PHYSICIA		· · · /	170,0000	141.15	22d. AD		LOTOR [	rnis 🗀	4/4	0/0	0
	NAME (T)	(Pe) Charl	es W.	Trader,	M.D.			et St	.,Poco	moke	Ci	ty,Md.
	23a. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY.	18/0/15/0/10	OK 1	23d. LOC/	ATION (Gity, to	Wn or coul	nty)	(State)
	BUY' S	Clfy) 2-25-		First		tist			noke C			
	24. FUNERAL DIRE	1 4	-/00	ADDRESS	Dal		25a. REC'D	BY REGIST	RAR   25b. RE	GISTRAR'S	SIGNAT	URE
	Tolle, &	H UNE	A D	Ocomolica	C + + -		date? 1	1950	6	reley		
1	1 xour	IV JULIN	n	ocomoke	い上で	Ma J	DATE	100	) A.	- May	X 1	Service .

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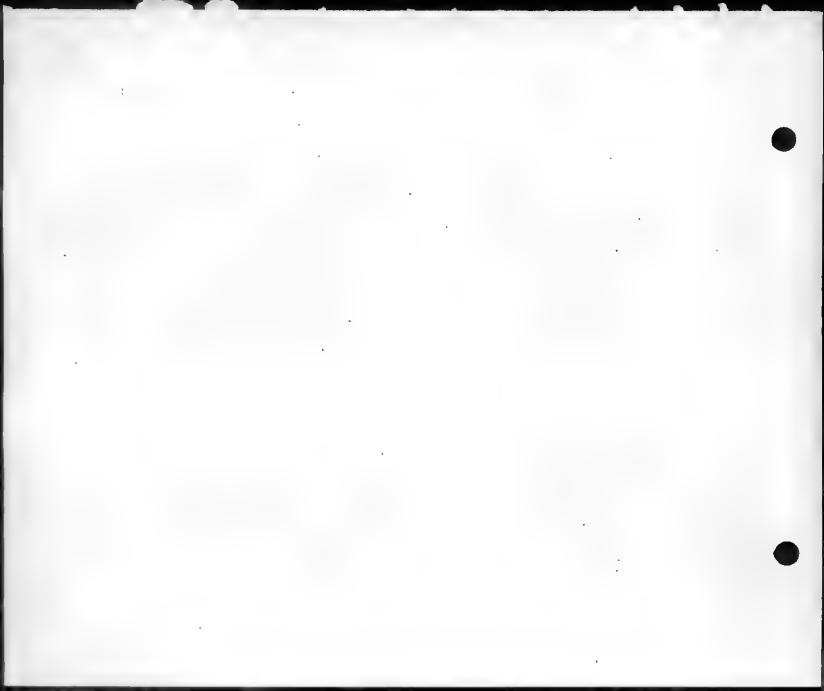


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

)_	02064		CERTIFICA	TE OF DEATH	1	0305 i
1.	PLACE OF DEATH a. COUNTY				CE (Where deceased lived, If Institution:	Residence before admission)
	Worcester		MARYLAND	Maryland	b. COUNTY Wor <b>e</b> e	ster
	<ul> <li>CITY OR TOWN (if outside cor write RURAL and give neares</li> </ul>	porate limits,	C. LENGTH DF STAY IN 1	b C. CITY OR TOWN (If	outside corporate limits, write RURA	AL and give nearest town)
	Berlin		Lifetime	Bishopvi	lle	· i
	d. NAME OF HOSPITAL DR INSTIT	UTION (if not in ho	spital, give street addres	s) d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Berlin Nursing	r Home		none		YES NO TH
3.		First	Middle	Last	4. DATE Month	Day Year
	(Type or print) E7	ra.	K. Mu	mford	DEATH Feb.	74. 1966
5.	SEX 6. CDLOR OR R	ACE 7. MARRIED		B. DATE OF BIRTH		DI VENDUCHNDED 24 HDS
f	emale white	WIDOWED	DIVORCED _	9/19/188	2 83 yrs. Months	Days Hours Min.
10a dur	LUSUAL OCCUPATION (Give kind of ling most of working life, even if r	work done 10b. KI	IND OF BUSINESS OR	11. BIRT HPLACE (C		CITIZEN OF WHAT
H	ousewife	-( 0)	io o o titi	Worceste	er county. Md.	U.S.A.
13.	. FATHER'S NAME			14. MOTHER'S MAID	DEN NAME	
W	illiam Handy			Nancy He	earne	
15	. WAS DECEASED EVER IN U.S. ARMI	ED FORCES?   16. :	SOCIAL SECURITY NO.   17	7. INFORMANT	Address	
	no		I	saiah Mumfo	ord Selbyvill	e. Dela.
	1B. CAUSE DF DEATH (Enter on		ne for (a), (b), and (c).]	415		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: (a) Clar	force my	ocardetus:		2 exerce
	143X	DUE TO .	1 1- 1			
Ш	Cenditions, If any, which	(b) Het	parteuser	or.		
	gave rise to immediate { cause (a), stating the	DUE TO	1- 100			
-	underlying cause last.	(c) att	Tersoller	HA		
10 I	1 1 1 6	. /			DISEASE CONDITION GIVEN IN PART 1(2	1) 19. WAS AUTOPSY PERFORMED?
FIC		utriliage		y 6 mis a	90.	YES NO W
CERTIFICATION	20a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING TO CAUSE DE (IF EITHER, NOTIFY MEDICAL EX	G 20b. D DEATH AMINER)	ESCRIBE/HOW/INJURY OF	CURRED. (Enter nature of	Injury in Part I or Part II of Item 1	B.)
MEDICAL	20c. TIME DF INJURY Month, I	Day, Year 20d. IN	JURY OCCURRED   20e, P	LACE OF INJURY (Home, factory, street, office bldg., e	rm, 20f. (City or town) (C	ounty) (State)
MEO	Hour a.m.	19 While	- nor mille -	Jory, acreer, omcouldes, e		
	21. I Certify that (I) (this	hospital) attende	d the deceased from	1950 1	9 to 2-14 19	that (I) (we) last
	saw the deceased alive on	2-14		nat death occurred at-		the date stated above.
	22a. SIGNATURE			ATTEMPING		DATÉ SIGNED
	Trank Jose	nd.	N.	I.D. PHYS.	MED. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	1 5	T .	22d. ADDRESS	7 750	
1		ank R.	Lewis	_Willard		
23a	REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town or c	ounty) (State)
24	Burial 2/1	7,66	Odd Fello	ws Cem. 25a. REC	Bishopville CO BY REGISTRAR   256. REGISTRA	I/I d R'S SIGNATURE
H	enry H. Watson	n Poco	moke City,	Md. DAFEEB	16 1966 Milant	es Judge

VR A15 (4) 20M 1/65



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
+	PLACE OF DEATH
/"	o. COUNTY & b. COUNTY &
_	b. CITY OR TOWN (if pulsade composite limits a LENGTH OF STAY IN 1)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  with RURAL and give neerest lown)
	Clerks 22-1
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give threat eddrass)  d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	NAME OF First Middle Last 4. DATE Month Dey Yesr
	DECEMBED OF OF
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B PATE OF BIRTH 9. AGE (IN years IF UNDER 1YEAR, IF UNDER 24 HRS.
	Juning Devis Hours Min.
	WIDOWED DIVORCED 5 - 5 - 8 yes 1 VISUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired)
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	too Toulding Dens House
	WAS DECEASED LYER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
(Y	s, no, or unkown Hyespive wer or deles of service) 3/7-12-4/47 (20 die Ondro Ses)
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)
	PART I. DEATH WAS CAUSED BY: Cerbroleer of Thaone house - ONSET AND DEATH
	X DUE TO 4 D A
	Conditions, if any, which ) (b) Demensless clantewasterns as Wina.
	gave rise to immediate cause  [a), stelling the underlying  DUE TO
	ceuse lest. (c)
200	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
ĸ.	YES NO
CERTIFIC	20s. ACC DENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of impury in Part t or Port II of .tem 18.)  OR CONTRIBUTING   CAUSE OF DEATH
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c, TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or lown) (County) (State)  Hour a.m. (County) (State)
200	p.m. 19 et work et work
	21. I certify that (I) (this hospital) attended the deceased from 12 2 10
	saw the deceased alive on 2/2 1/2
,,,,	228 SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
1	MD. PHYS. DIRECTOR PHYS.
	PARE (Type) FORME F CANTY TO N. T. CARVET AERICAL NE
	BURIAL, CREMATION, 23b DATE THEREOF 23b NAME OF CEMETERY OF CREMATORY 23d, LOCATION (City, lown or county)
13	BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county)
2	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250 REGID BY REGISTRAR 250 REGISTRAR'S SIGNATURE
	MAR I I 1968 Thirds
	DAIR DAIR

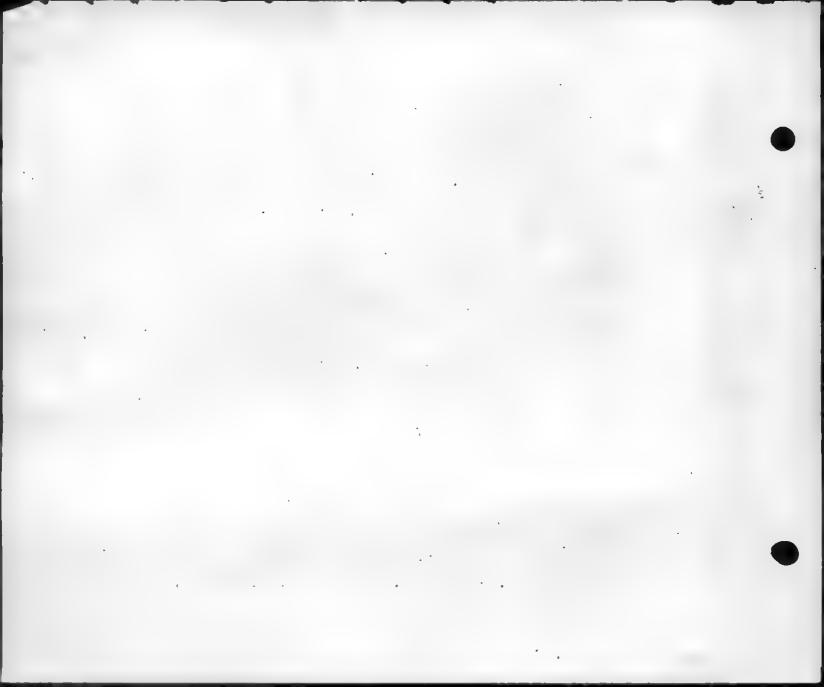


xecuted within 24 hours after death. ID FUNERAL DIREGION: After this certificate has been signed by the attending physician in completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peats. THE PITAL OR ATTENDING PHYLLIAM. The law requires that the leath certilicate Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	32066 CERTIFICAT	E OF DEATH	6004
1.		2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	a. COUNTY  "CCICES FE MARYLAND	a. STATE BAG b. COUNTY	cester
_	b CITY OR TOWN (if outside corporate limits, C. LENCTH CF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Berlin, Md all 2:fe	Berlin morrilliand	. !
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		K+ + 3	YES NO
3.		Last 4. DATE Month	Day Year
	OFCEASED (Type or print) Complesion Ful	rnell DEATH 2	7 1966
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if UNDER I last birthday) Months i	YEAR IF UNDER 24 HRS. Days Hours Min.
1	Late Negro WIDOWED DIVORCED	NOV, 21-10 55 yrs.	
10a dur	a, USUAL OCCUPATION (Give Aind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cti	TIZEN OF WHAT UNTRY? _
		Woreester	11.5.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Turnell	Hodic Dennis	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. es, no, or unkown) (If yes give war or dates of service)	7	, , ,
	513-05-04/1	Innie Belle tranklin - Be.	rhis Med
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Acute myocardi	al infarction	10 min.
	C-7 DUE TO		0 200
	Conditions, If any, which average rise to immediate (b) Myocardial Ins	sulliciency	2 mos.
	cause (a), stating the DUE TO		
N	underlying cause last.   (c)	ATED TO THE TERMINAL DISEASE CONDITION CAVEN IN DAOT 1/A	119. WAS AUTDPSY
ATIC		WIED TO THE LEMMINATORISENSE COMPLITION CLASS IN LARKE T(8)	PERFORMED?
IFIC	Bronchial Asthma	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	YES NO A
CERTIFICATION	OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounce. (Cites datale of injury in rait ( or rait () of item 10.)	
MEDICAL	faci	ACE OF INJURY (Home, farm, 20f. (City or town) (Courtory, street, office bidg., etc.)	nty) (State)
MED	p.m. 19 at work at work		
	21. I certify that (I) (trischespital); attended the deceased from	8/10/55, 19 to 2/5/66 , 19	, that (i) 3648 last
		at death occurred at ${f 5}$ . ${f A}$ M, from the causes and on th	
	22a. SIGNATURE & Suely Alm	ATTENDING - MED STAFF - 0/0	TE SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Ivory U. Sully, Jr., MD	P. 0.Box 126, Berlin,	Md.
238	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	Burnet 3-12-66 Queldreon	Berlin, ma	
24	A EUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S	0
0	Xorella R. Jalley- Herseyke, Jalis, &	nd. Date EB 14 1966 friends	y Judge

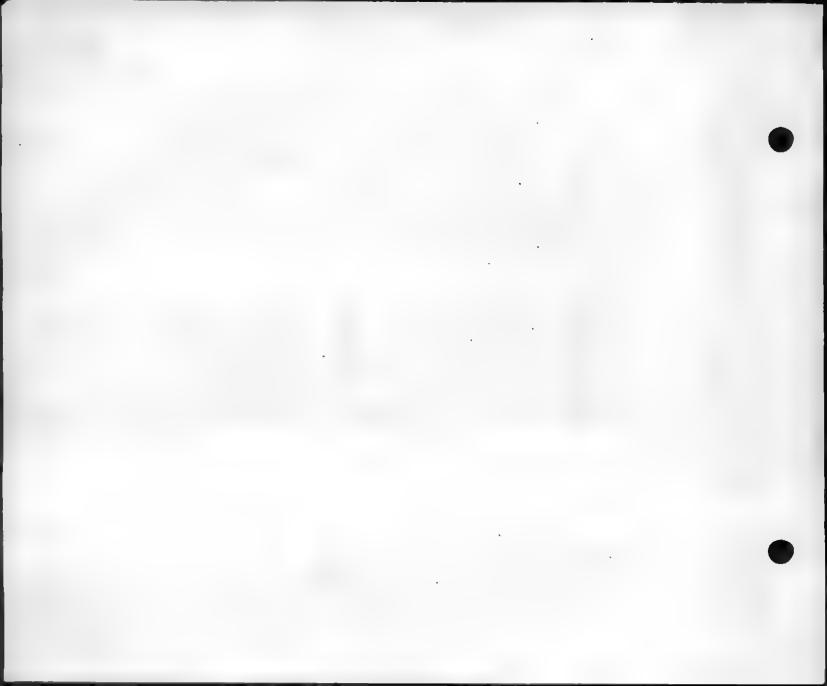


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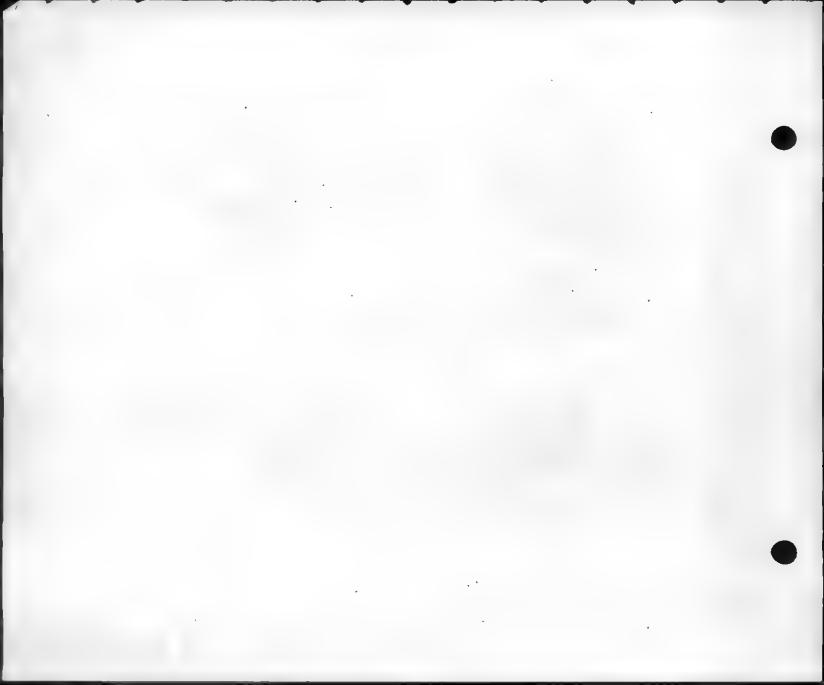
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
		a. STATE b. COUNTY	ESTER
	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	write RURAL and give nearest town)	C. CITTOR TOTAL (II ORISING COSPOSATO INIMES, WIND NOTICE	and Rido Montoor dample
	135x-11x	RERLIN	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADORESS	6. IS RESIDENCE ON A FARM?
		One FORMER IN AVE	YES NOK
	MATTER AR	200 FRANKLIN TVG	
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) LEVI DRIMER &	LUILLEN DEATH FEB.	3 1966
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER )	
	WIDOWED TO DIVORCED TO	SECT. 6 1888   last birthday) Months	Days Hours Min.
102	LUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
dui	ing most of working life, even if retired)   INDUSTRY		UNTRY?
	KETIREB K. K. MAILKOAR	DERLIN, MO R.T.D.	,SA,
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	GEORGE WILLEN	MARGARET LYNOH	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17,	INFORMANT Address	
(Y	m, no, or upkown) (If yes give war er dates of service)	1 D 0 - R-1	M ~
_	110 1 No 214-10-966811	25, L, D, LUILLON, DER	UN ID
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ]	1	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Myc Cardio	Intarction	24 hours
	4' '		_
	Conditions, If any, which ) DUE TO Arterio Sciero	SIS	Syrs
	gave rise to immediate	30,0	
	cause (a), stating the OUE TO		
_	underlying cause last. (c)	A Marie Village	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT			YES NO NO
Ē	20a, ACCIDENT WAS UNDERLYING   20b, OFSCRIBE HOW INTIRY OCCU	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Military familiar Martin of the San American Control of the Contro	
MEDICAL	fanto	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
8	Hour a.m. While Not While p.m. 19 at work at work	,	
2		11/19 1063 to 7/2 106	5, that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from		
		t death occurred at 3: 40 M, from the causes and on the	TE SIGNED
	22a. SIGNATURE 7. 0		1 1.
	Juny Welly fr. M.C.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	4/66
	22c. PHYSICIAN'S La Suely of M.C.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1 1.
	Juny Welly fr. M.C.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	1 1.
232	22c. PHYSIGIAN'S NAME (Type) IVORY U. SILY. J. H. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	D. ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR MED. STAFF PHYS. DIRECTOR DIRECTOR MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR MED. STAFF PHYS. DIRECTOR MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIREC	4/66
238	The Green Control of the Control of	D. ATTENDING MED. STAFF PHYS. 22d. AODRESS Serlin, Md.	4/66
232	Try a Suely fr. M.C  22c. PHYSICIAN'S NAME (Type) IVORY U. SILY. J. M  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  2 6 6 EVERG	D. ATTENDING MED.  DIRECTOR DIRECTOR PHYS.  D 22d. AODRESS BELLOWN OF COURSE AND ADDRESS BELLOWN	14/6 6  nty) (State)  N   D
	22c. PHYSICIAN'S NAME (Type) I VOTY U. SILY. J. M. C. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 2 6 6 EVERG	DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR OF PHYS. DIRECTOR DIR	14/6 6  nty) (State)  N   D

VR A15 (4) 15M 4-64



20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Somerset Worcester after and completely filled in by the remove carbon papers. Pages 1 any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY BR TOWN (if outside corporate limits, write RURAL and give nearest town)

Pocomoke City c. LENGTH OF STAY IN 1b Crisfield 5 months 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hartley Hall Nursing Home Somerset Ave. YES NO DE within Day Year DATE Month First Middle 3. NAME DF Last DECEASED 20. WARD 19 66 NORA A. DEATH February (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours ! Feb. 5, 1877 White Female WIDDWED T DIVORCED [ 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b, KIND OF BUSINESS OR **COUNTRY?** INDUSTRY pe Crisfield, Maryland USA None Housewife death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ed by the attending parameter transit permit. Then, cremation, or removing Florence Sterling John Evans 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) \(() If yes give war or dates of service) RFD Mrs. Sarah Bradshaw, Marion, Md. No None INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH been signed by the burial-transit or to burial, crema 3 days PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Years Cerebral Arteriosclerosis Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY CERTIFICATION for use Health p PERFORMED? DIRECTOR: After this mertificate ge 3 should be detached for use led with the State Dept. of Health Atherosclerotic Heart Disease NO IF 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (State) (County) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) - Not While Hour a.m. at work at work 19 65, to Feb. 20 , 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Sept. retained 1966 and that death occurred at 2550M, from the causes and on the date stated above. saw the deceased alive on Feb 20 22b. DATE SIGNED 22a. SIGNATURE age 4 n.
J FUNERAL Dn.
-actor, page 3 OR be STAFF PHYS. ATTENDING DIRECTOR M.D. TO HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Pocomoke City. Maryland Charles W. Trader. M. (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 2 Crisfield/Cemetery 22, 1966 Crisfield, Maryland Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charlen Bradshaw & Sons, Crisfield, Maryland VR A15 (4)

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## FOR STATE HEALTH DEPT

Items 20a-20e Film

funeral may be Department after death. O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed to rectificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. State hours the 72 2 with and pages 1 in any e File permit. burial-transit cremation, or 40 ed as a burial, used to but should be gent, prior pe 3 shoul CTOR: Page designated FUNERAL DIRECTOR: 0

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY vorcester MARYLANO b. CITY OR TOWN (If outside corporate limits. OR TOWA (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 11010 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 NO. NAME OF Middle DATE Year First Last DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR'RACE AGE (In years | IF UNGER 1 YEAR | IF UNGER 24 HRS NEVER MARRIEO 8. OATE OF BIRTH 9. 7. MARRIED last birthday) Months Days WIDOWED ? DIVORCED On. USUAL OCCUPATION (Give kind of work done large most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRYZ INDUSTRY CICEST 10191 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 03 Address / 16. SOCIAL SECURITY NO. 17. INFORMANT an Drive (Yes, no, or unkown) [(If yes give war or dates of service) Nora Williams 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) cremation, DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY CERTIFICATION 19. PERFORMEO? COHOLISM DO. YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fell into river MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not While Md. 15/6619 Wor. Pocomoke River Snow at work at work Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNER ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER IX Health EXAMINER'S Snow Hill med city, town, or county) Mar 104 Bay St Robert La NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LOCATION (City, town or county) REMOVAL (Specify) 10 211000 Jis. ia 24. FUNERAL DIRECTOR REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE AOORESS VR ALSME (5) 0/10 1/65

STATE DEPARTMENT OF HEALTH

OF DEATH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S

